DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Attorney Docket No. 6021.026

First Named Inventor:		Inventor: Jose Fernandez	
Application No.:		No.: To Be Assigned	
Filing Date:		To Be Assigned	
Group	p Art U	nit: To Be Assigned	
Examiner Name:		me: To Be Assigned	
As an	invento	r named below, I hereby declare that:	
My residence, post office address and citizenship are as stated below next to my name,			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
	MODULAR HIP PROSTHESIS		
the specification of which			
a.	[X]	is attached hereto.	
b.	[]	was filed on as application Serial No and was amended on was amended on (if applicable)	
	PCT F	FILED APPLICATION ENTERING NATIONAL STAGE	
c.	[]	was described and claimed in International Application No filed on	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so make are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorneys and/or agents with full power of substitution and revocation, to prosecute this application, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

Barry J. Schindler Reg. No. 32,938, and Michael A. Nicodema Reg. No. 33,199

I hereby specify the following as the correspondence address to which all communications about this application are to be directed:

> Dreier & Baritz, LLP. 499 Park Avenue New York, NY 10022 (212) 328-6100

Full name of sole or first inventor: Jose Fernandez

Inventor's signature:

Date: SMNZOO

Residence: 2155 Northwest 4th Place, Gainesville, FL, 32603

Citizenship: **United States of America**

Country: United States of America

Full name of inventor: Gary J. Miller Inventor's signature: Date: 3/9/2000 Residence: 531 Southwest 26th Place, Gainesville, FL 32601			
Citizenship: United States of America	Country: United States of America		
Full name of inventor: C. Michael Mauldin			
Residence: Route 9, Box 2202, Lake City FL 32024	Date: <u>9 MAN OU</u>		
Citizenship: United States of America	Country: United States of America		